

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Clement</i>		County <i>St Marys</i>		MARYLAND	
Date of death	1905	Month <i>May</i>	Day <i>24</i>	Age <i>12</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Clement</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Thad Carter</i>				Father's Birthplace			
Mother's Maiden Name <i>Eleanor Bowling</i>				Mother's Birthplace			
Name of person giving information <i>Thad Carter</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. B. Johnson</i>	
<i>Yes -</i>		Address <i>Maryland</i>	
Accident or Suicide?			



Name  
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Charles Bernard Chereldine

## CERTIFICATE OF DEATH

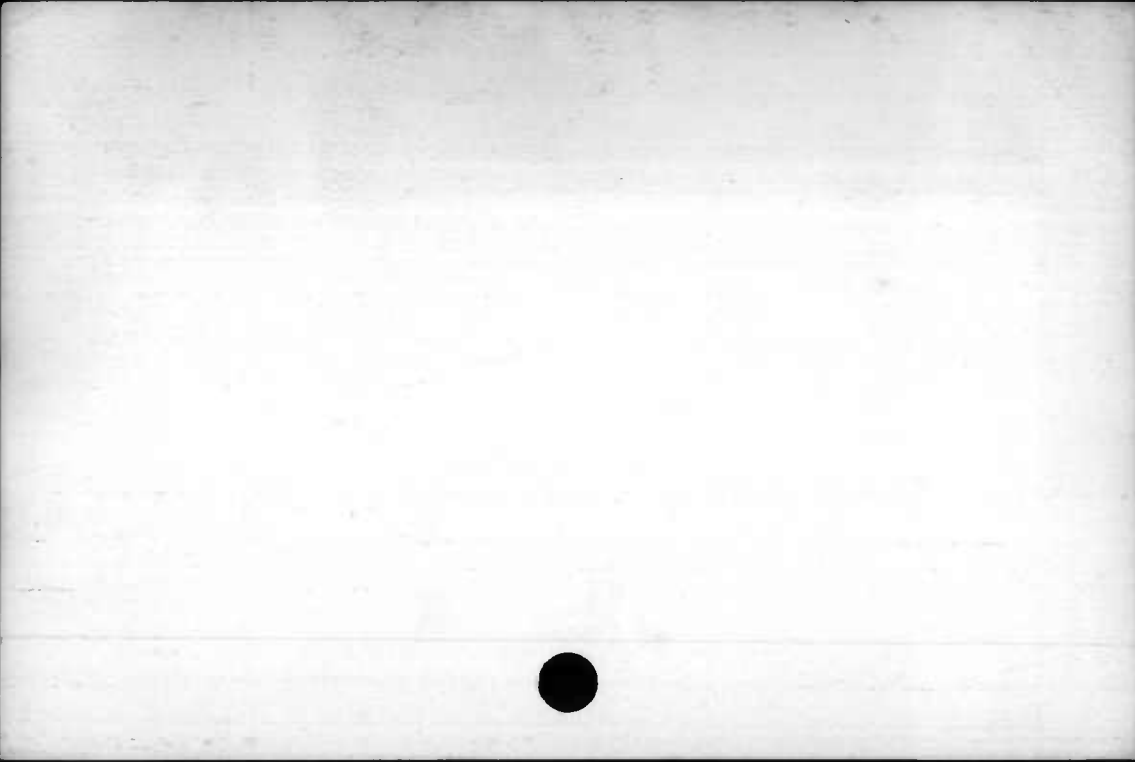
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prine Township</i>		<i>St. Mary's</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>6</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i> Days <i>7</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>ind</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>George Chereldine</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Frances Chereldine</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>George Chereldine</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Concussions</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. M. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide? <i>-</i>	<i>ind</i>



Name in Full

Certificate of Death

Lallie May Galtman  
 Town County

Died at Harwood St Marys MARYLAND  
 Month Day Y. M. D. Native of Occupation

Date 1908 - May 6 Age 4 Ind  
~~Male~~ White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband  
 of  
 Wife

Father's Name Druck Galtman Mother's Name Lucy V. Elliott

Cause of Death { Primary Dion horse 10/10 Swiss Swiss  
 Immediate 10/10 Swiss  
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968



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CERTIFICATE OF DEATH

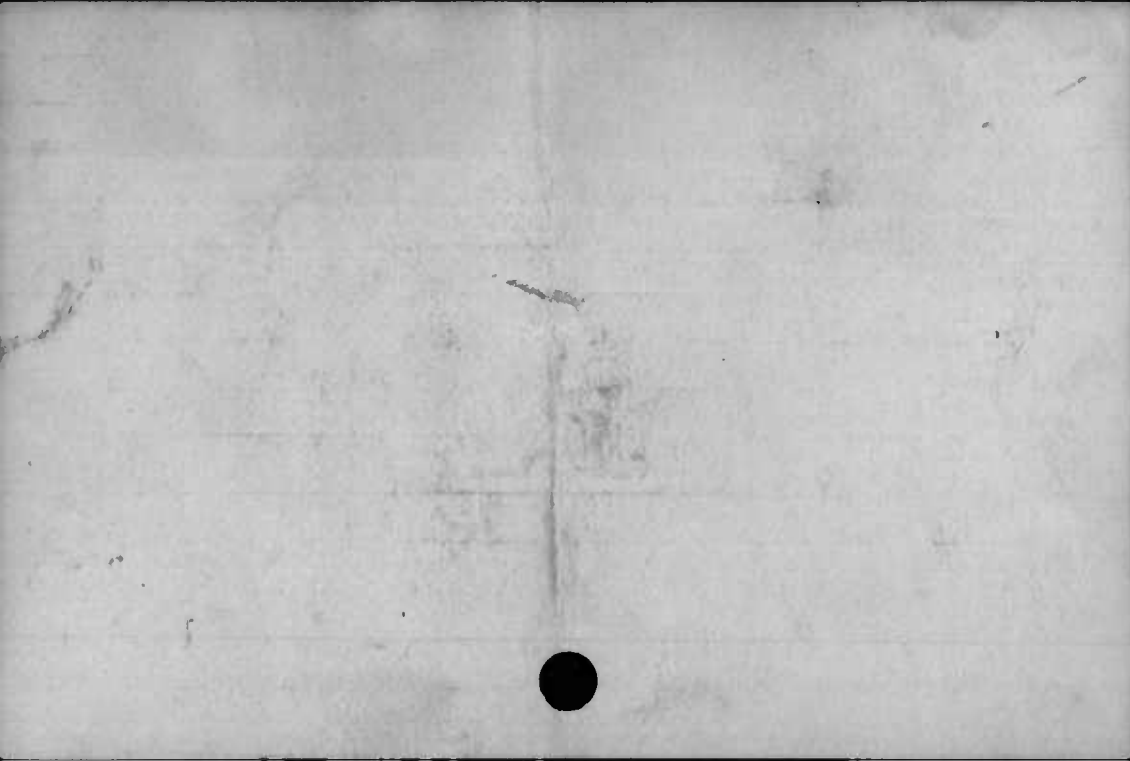
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pennamonte Springs</i>		Town <i>Pennamonte</i>		County <i>Stump</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>May</i>	Day <i>5</i>	Years <i>32</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Miss</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>J. A. Howard</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Howard</i>
	Address <i>Pennamonte</i>
Accident or Suicide?	





J. Edwin Morris

Town

County

St. Mary's

MARYLAND

Died at

Date 19

15

Month

Day

Age

50

Y.

M.

D.

Native of

Occupation

St. Mary's

Farmer -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Rachel Morris

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Tuberculosis

How long sick

2 1/2 wks

Accident, Suicide, Homicide

Reported by

Dr. Henry Richardson

Address

Great Mills

St. Mary's, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
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Phillip Shaw

## CERTIFICATE OF DEATH

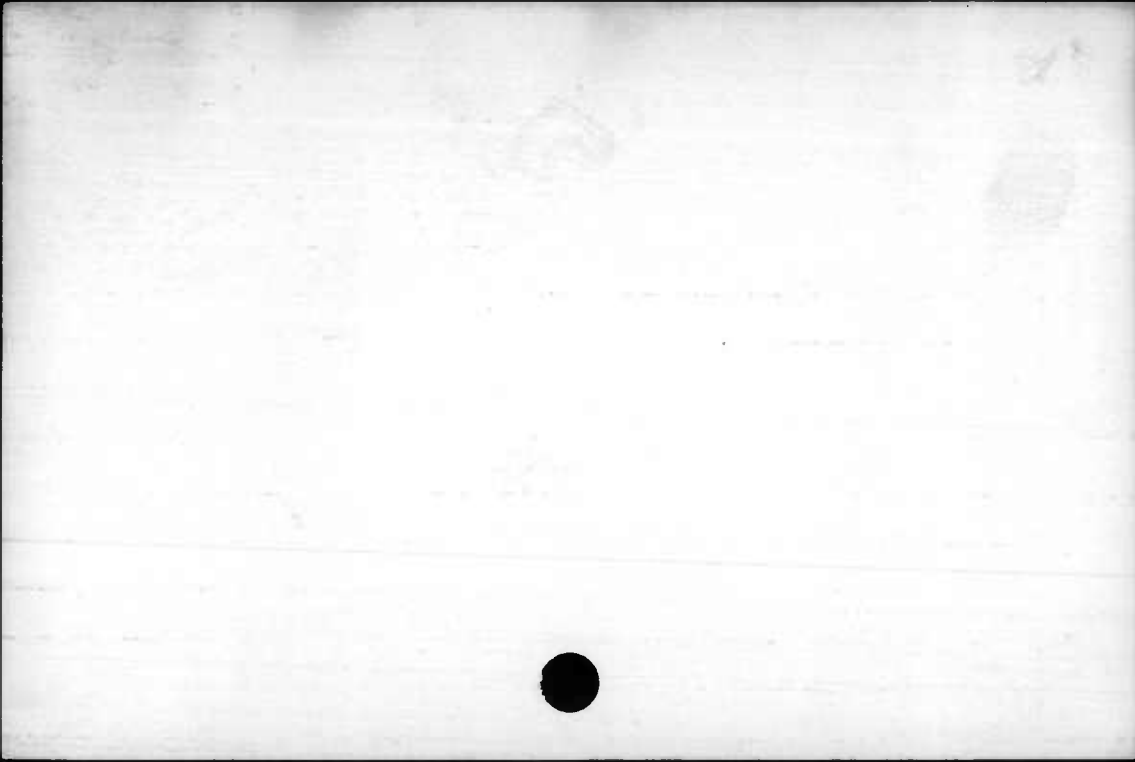
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Middlelot</i> <sup>Town</sup>			<i>St. Mary's</i> <sup>County</sup>			MARYLAND	
Date of death <i>1905</i>		Month <i>5</i>	Day <i>10</i>	Years <i>22</i>	Age <i>22</i>	Months <i>10</i>	Days <i>10</i>
Sex <i>male</i>			Color or Race <i>Colored</i>		Birth-place <i>md</i>		
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James Shaw</i>					Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Cloata Smith</i>					Mother's Birthplace <i>md</i>		
Name of person giving information <i>James Shaw</i>					How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>10 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Robt. V. Palmer</i>
<i>Q</i>	Address <i>Palmer</i>
Accident or Suicide?	<i>md</i>



Name  
in  
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Matilda Watts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>California</u> Town		<u>St Mary</u> County		MARYLAND	
Date of death	1905	Month	May	Day	11
Age		67		Months	
Sex	Female		Color or Race	Black	
Occupation			Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name of Wife or Husband	John Watts	
Father's Name	John Smallwood		Father's Birthplace	Maryland	
Mother's Maiden Name			Mother's Birthplace	Maryland	
Name of person giving information	Daniel Johnson		How related to deceased	Her Son-in-Law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Posterior Spinal Sclerosis</u>		How long	<u>63</u>
Immediate	<u>Emaciation</u>		How long	<u>63</u>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		A. L. Hodgdon M.D.		
Address		Pearson Post Office		
Maryland				
Accident or Suicide?				

